

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. NELSON of Florida. Mr. President, I ask unanimous consent that Sara Sanders of my staff be granted the privilege of the floor.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. ISAKSON. Mr. President, I ask unanimous consent that Mr. Duncan Hill of my staff be allowed floor privileges for the remainder of this debate.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. CORKER. Mr. President, I ask unanimous consent that Sophie Trads from my staff be granted floor privileges for the duration of my remarks.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mrs. BOXER. Mr. President, I ask unanimous consent, on behalf of Senator CARDIN, that Michael Morgan, a fellow from his office, be granted the privilege of the floor for the duration of the debate on S. 3036.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

STAR PRINT—S. 2307

Mrs. BOXER. Mr. President, I ask unanimous consent that S. 2307, the Global Change Research Improvement Act of 2007, be star printed with the changes at the desk.

The PRESIDING OFFICER. Without objection, it is so ordered.

VETERANS MENTAL HEALTH AND OTHER CARE IMPROVEMENTS ACT OF 2008

Mrs. BOXER. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 632, S. 2162.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 2162) to improve the treatment and services provided by the Department of Veterans Affairs to veterans with post-traumatic stress disorder and substance use disorders, and for other purposes.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Veterans' Affairs, with an amendment, as follows:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the “Veterans Mental Health Improvements Act of 2008”.

(b) **TABLE OF CONTENTS.**—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—SUBSTANCE USE DISORDERS AND MENTAL HEALTH CARE

Sec. 101. Findings on substance use disorders and mental health.

Sec. 102. Expansion of substance use disorder treatment services provided by Department of Veterans Affairs.

Sec. 103. Care for veterans with mental health and substance use disorders.

Sec. 104. National centers of excellence on post-traumatic stress disorder and substance use disorders.

Sec. 105. Report on residential mental health care facilities of the Veterans Health Administration.

Sec. 106. Tribute to Justin Bailey.

TITLE II—MENTAL HEALTH ACCESSIBILITY ENHANCEMENTS

Sec. 201. Pilot program on peer outreach and support for veterans and use of community mental health centers and Indian Health Service facilities.

TITLE III—RESEARCH

Sec. 301. Research program on comorbid post-traumatic stress disorder and substance use disorders.

Sec. 302. Extension of authorization for Special Committee on Post-Traumatic Stress Disorder.

TITLE IV—ASSISTANCE FOR FAMILIES OF VETERANS

Sec. 401. Clarification of authority of Secretary of Veterans Affairs to provide mental health services to families of veterans.

Sec. 402. Pilot program on provision of readjustment and transition assistance to veterans and their families in cooperation with Vet Centers.

TITLE I—SUBSTANCE USE DISORDERS AND MENTAL HEALTH CARE

SEC. 101. FINDINGS ON SUBSTANCE USE DISORDERS AND MENTAL HEALTH.

Congress makes the following findings:

(1) More than 1,500,000 members of the Armed Forces have been deployed in Operation Iraqi Freedom and Operation Enduring Freedom. The 2005 Department of Defense Survey of Health Related Behaviors Among Active Duty Personnel reports that 23 percent of members of the Armed Forces on active duty acknowledge a significant problem with alcohol use, with similar rates of acknowledged problems with alcohol use among members of the National Guard.

(2) The effects of substance abuse are wide ranging, including significantly increased risk of suicide, exacerbation of mental and physical health disorders, breakdown of family support, and increased risk of unemployment and homelessness.

(3) While veterans suffering from mental health conditions, chronic physical illness, and polytrauma may be at increased risk for development of a substance use disorder, treatment for these veterans is complicated by the need to address adequately the physical and mental symptoms associated with these conditions through appropriate medical intervention.

(4) While the Veterans Health Administration has dramatically increased health services for veterans from 1996 through 2006, the number of veterans receiving specialized substance abuse treatment services decreased 18 percent during that time. No comparable decrease in the national rate of substance abuse has been observed during that time.

(5) While some facilities of the Veterans Health Administration provide exemplary substance use disorder treatment services, the availability of such treatment services throughout the health care system of the Veterans Health Administration is inconsistent.

(6) According to the Government Accountability Office, the Department of Veterans Affairs significantly reduced its substance use disorder treatment and rehabilitation services between 1996 and 2006, and has made little progress since in restoring these services to their pre-1996 levels.

SEC. 102. EXPANSION OF SUBSTANCE USE DISORDER TREATMENT SERVICES PROVIDED BY DEPARTMENT OF VETERANS AFFAIRS.

(a) **IN GENERAL.**—The Secretary of Veterans Affairs shall ensure the provision of such services and treatment to each veteran enrolled in the health care system of the Department of Veterans Affairs who is in need of services and treatments for a substance use disorder as follows:

(1) Short term motivational counseling services.

(2) Intensive outpatient or residential care services.

(3) Relapse prevention services.

(4) Ongoing aftercare and outpatient counseling services.

(5) Opiate substitution therapy services.

(6) Pharmacological treatments aimed at reducing craving for drugs and alcohol.

(7) Detoxification and stabilization services.

(8) Such other services as the Secretary considers appropriate.

(b) **PROVISION OF SERVICES.**—The services and treatments described in subsection (a) may be provided to a veteran described in such subsection—

(1) at Department of Veterans Affairs medical centers or clinics;

(2) by referral to other facilities of the Department that are accessible to such veteran; or

(3) by contract or fee-for-service payments with community-based organizations for the provision of such services and treatments.

(c) **ALTERNATIVES IN CASE OF SERVICES DENIED DUE TO CLINICAL NECESSITY.**—If the Secretary denies the provision to a veteran of services or treatment for a substance use disorder due to clinical necessity, the Secretary shall provide the veteran such other services or treatments as are medically appropriate.

(d) **REPORT.**—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report setting forth, for each medical facility of the Department, the availability of the following:

(1) Medically supervised withdrawal management.

(2) Programs for treatment of alcohol and other substance use disorders that are—

(A) integrated with primary health care services; or

(B) available as specialty substance use disorder services.

(3) Specialty programs for the treatment of post-traumatic stress disorder.

(4) Programs to treat veterans who are diagnosed with both a substance use disorder and a mental health disorder.

SEC. 103. CARE FOR VETERANS WITH MENTAL HEALTH AND SUBSTANCE USE DISORDERS.

(a) **IN GENERAL.**—If the Secretary of Veterans Affairs provides a veteran inpatient or outpatient care for a substance use disorder and a comorbid mental health disorder, the Secretary shall ensure that treatment for such disorders is provided concurrently—

(1) through a service provided by a clinician or health professional who has training and expertise in treatment of substance use disorders and mental health disorders;

(2) by separate substance use disorder and mental health disorder treatment services when there is appropriate coordination, collaboration, and care management between such treatment services; or

(3) by a team of clinicians with appropriate expertise.

(b) **TEAM OF CLINICIANS WITH APPROPRIATE EXPERTISE DEFINED.**—In this section, the term “team of clinicians with appropriate expertise” means a team consisting of the following:

(1) Clinicians and health professionals with expertise in treatment of substance use disorders